



Office of Congresswoman Jackie Walorski

Second District of Indiana

PRIVACY RELEASE FORM * for U.S. Postal Service issues only*

Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski's assistance with the U.S. Postal Service, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any documents relevant to the matter described.

Note: The U.S. Postal Service is not a federal agency and since 1971 has operated as an independent establishment of the executive branch of the U.S. Government and under the oversight of the U.S. Postmaster. This information will be forwarded to the U.S. Postal District Manager of Indiana for its review and response.

Full Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____ Primary Phone: _____

► Specify the problem you are having with the U.S. Postal Service _____

► Specify the resolution you are seeking: _____

I understand that the Privacy Act prohibits federal agencies from releasing my information to a third-party without my written consent. I hereby authorize Congresswoman Jackie Walorski and her staff, on my behalf to forward this information to the U.S. Postal Service. I certify under penalty of perjury that I have provided or authorized all information in and all documents submitted with this Privacy Act release, and that the information I have provided is complete, true, and accurate to the best of my knowledge and belief. The assistance I am requesting is in no way an attempt to evade or violate federal, state, or local law. I have reviewed and understand all of the information contained in this Privacy Act release.

► SIGNATURE (in ink): _____ Date: _____

→ Over, please

► Would you like to receive Congresswoman Walorski's newsletter and other important information via email? *Yes* | *No*

*****Return this form to our Mishawaka district office*****

Office of Congresswoman Jackie Walorski

ATTN: Constituent Services

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